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FROM: Michael B. Fein	TIMEKEEPER NO.: 1746
SENDER'S PHONE: 215.665.4622	SENDER'S FAX: 215.701.2246
# OF PAGES (INCLUDING COVER): 11	FILE NAME: 103413CIP
DATE: November 23, 2004	FILE #: 103413

RECIPIENT(S)	PHONE	FAX
Examiner Michael J. Fisher GAU 3629 U.S. PATENT AND TRADEMARK OFFICE		703.872.9306

MESSAGE: OFFICIAL FAX!

Serial No.: 09/847,913 - Filing Date: May 2, 2001

Attachments:
 Transmittal form (1 sheet)
 Fee Transmittal (no fee) (1 sheet)
 Amendment (8 pages)

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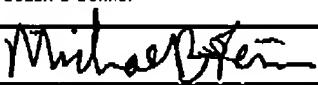
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Total Number of Pages in This Submission	Attorney Docket Number	103413CIP
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ENCLOSURES (check all that apply)

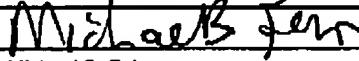
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input checked="" type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm	Cozen O'Connor		
Signature			
Printed Name	Michael B. Fein		
Date	11/23/04	Reg. No.	25,333

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Signature	
Typed or printed name	Michael B. Fein
Date	11/23/04

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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FEE TRANSMITTAL for FY 2005

Effective 10/01/2004. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 0)

Complete if Known

Application Number	08/847,913
Filing Date	May 2, 2001
First Named Inventor	Elliot S. Klein
Examiner Name	Michael J. Fisher
Art Unit	3628
Attorney Docket No.	103413CIP

METHOD OF PAYMENT (check all that apply)

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FEE CALCULATION

1. BASIC FILING FEE

Large Entity Small Entity

Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
1001	790	2001	395
1002	350	2002	175
1003	550	2003	275
1004	790	2004	395
1005	180	2005	80
SUBTOTAL (1)			(\$ 0)

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	-20**	Extra Claims	Fee from below	Fee Paid
Independent Claims	1	-3 -	= 0	X = 0
Multiple Dependent			X	= 0

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
1202	18	2202	9
1201	88	2201	44
1203	360	2203	150
1204	88	2204	44
1205	18	2205	9
SUBTOTAL (2)			(\$ 0)

**or number previously paid, if greater; For Reissues, see above

3. ADDITIONAL FEES

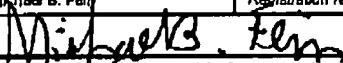
Large Entity Small Entity

Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
1051	130	2051	65
1052	50	2052	25
1053	130	1053	130
1812	2,520	1812	2,520
1804*	920*	1804	920*
1805	1,840*	1805	1,840*
1251	110	2251	55
1252	430	2252	215
1253	980	2253	490
1254	1,530	2254	765
1255	2,080	2265	1,040
1401	340	2401	170
1402	340	2402	170
1403	300	2403	150
1451	1,510	1451	1,510
1452	110	2452	55
1453	1,370	2453	685
1501	1,370	2501	685
1502	480	2502	245
1503	660	2503	330
1460	130	1460	130
1807	50	1807	50
1805*	180	1806	180
8021	40	8021	40
1809	790	2809	395
1810	790	2810	395
1801	790	2801	395
1802	900	1802	900
Other fee (specify) _____			

Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$ 0)

Complete if applicable

Name (Print/Type)	Michael B. Felt	Registration No. (Attorney/Agent)	25,333	Telephone	215-665-4622
Signature				Date	November 23, 2004

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